

**Rejuvenation Massage
Privacy Practices, Insurance Policy and Cancellation Policy**

Client Rights:

Clients may request, in writing, to view or obtain a copy of their records. Client's may request that corrections be made if they identify errors or mistakes. A reasonable fee will be charged for necessary photocopies made.

Use of Records:

Client records are used to document "client and treatment session" information. All records when not in use are maintained in a secured file and not accessible to anyone but Caroline Brady, LMP.

Disclosure of Records:

At no time are client records or confidential client information released to anyone without authorization from the client unless compelled by law (such as subpoenas). Client records are only provided to third parties identified by the client, and only as necessary to facilitate insurance or billing needs. Client case information may be discussed with other health care providers only with the written permission of the client.

Insurance Policy:

I understand that I am responsible for co-payments and amounts to reach my deductible (if applicable) at time of service. Services rendered that are not covered by my insurance contract are my responsibility and will be paid in full to Caroline Brady, LMP at Rejuvenation Massage.

Cancellation and Payment Policy:

I understand that massage therapy treatments are my personal financial responsibility and I agree to pay for these services at the time of treatment. **I will provide Caroline Brady, LMP with at least 24 hours notice if I need to cancel or reschedule an appointment. I understand that I will be charged in full for any appointments missed or broken with less than 24 hours notice.**

I, (please print) _____ have received, read and understand this policy as it relates to receiving massage from Caroline Brady, LMP, at Rejuvenation Massage.

Signature _____

Date _____